

OUT-OF-STATE CENTRAL REGISTRY CLEARANCE

- INSTRUCTIONS:
- 1) All fields must be typed and completed for processing.
 - 2) Attach a copy of your agency badge OR fax cover that includes agency letterhead
 - 3) Do **NOT** send additional documents, case history, releases, applications, etc.
 - 4) Sections 1 through 4 to be completed by the inquiring agency requiring the information as outlined in Section 3.

SECTION 1 Client Information		
NAME (INCLUDING ALSO KNOWN AS NAMES)	DATE OF BIRTH	SOCIAL SECURITY NUMBER (IF KNOWN)

SECTION 2 Inquiring office staff agency name, address, phone and fax number	
Office Staff Name & Title	
Agency Name	
Agency Address	
Office Phone	
Office Fax	

SECTION 3 Check Reason for Inquiry
<input type="checkbox"/> Law enforcement agencies conducting a child abuse/neglect (CA/N) investigation.
<input type="checkbox"/> Child welfare agencies conducting a CA/N investigation.
<input type="checkbox"/> Child (day) care licensing agency.
<input type="checkbox"/> Physician who is treating a child whom the physician suspects may be abused/neglected.
<input type="checkbox"/> Court or grand jury that determines the information is necessary to decide an issue before the court or grand jury.
<input type="checkbox"/> Fatality review team, citizen review panel, or foster care review board for the purpose of meeting requirements and carrying out the duties of the group.
<input type="checkbox"/> Agency charged with completing child custody/parenting time matters for divorced/separated/unwed parents (e.g., Friend of the Court, etc.).
<input type="checkbox"/> Lawyer-guardian ad litem or appointed attorney for the child, parent(s) or other involved party.
<input type="checkbox"/> A person legally authorized to place a child in protective custody when the person is confronted with a child whom the person reasonably suspects may be abused or neglected and the information is necessary to determine whether to place the child in protective custody.

Section 4 Sign, Date, and Mail or Fax this Form to the Address Below
Michigan Department of Human Services Children's Protective Services P.O. Box 30037 235 S. Grand Avenue, Suite 510 Lansing, MI 48909-8150 Phone: 517-335-3704 Fax: 517-241-7047

Signature

Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.